TRANSCRIPT OF ONCHIT'S TECHNICAL ASSISTANCE CONFERENCE CALL

December 6, 2004
1:30 p.m. CST

Coordinator	Your lines have been placed on listen-only until the question and answer portion of today's call. The call is being recorded. If you have any objections, please disconnect at this time. I'll now turn the call over to Dr. David Brailer, National Coordinator for Health Information Technology.
Dr. Brailer	Thank you. Thanks for joining our call today. This is to discuss the RFI that was released in the federal register on November 15th regarding the formation of the National Health Information Network. We have approximately 600 participants in today's call.
	Before we start, I'd like to give special thanks to Secretary Tommy Thompson who submitted his resignation to the President on Friday. Secretary Thompson has been a distinguished public leader committed to healthcare and particularly health information technology, and we all thank him for his leadership and wish him well in the next stages of his remarkable career.

I'd like to introduce the staff that's here with me today. I have Lori Evans, who is the program manager for our Regional Health Information Exchange and the National Health Information Network Project. Lee Jones is my senior technical advisor, the Federal Health Architecture lead, and program manager in other aspects of the National Health Information Network.

In addition to people from the private sector, we have representatives from the Department of Veterans Affairs, Department of Defense, the CDC, AHRQ, Social Security Administration and a large number of people from our very close partner agency CMS who we've worked so closely with. I want to thank you for your time today.

Today we'll talk about aspects of interoperability. I want to remind you that interoperability is essential to realizing the goals for improved health care, reduction in errors, consumer choice and portability, and the ability to develop an infrastructure that can support both private and federal objectives in health information, movement, management, surveillance and monitoring. It's a very important call towards that goal.

We have a very strong commitment to privacy that underlies this effort. As you know, I refer you to the work done in the past on HIPAA, and also the context of this fits directly into work you've heard about regarding the Certification Commission for Health Information Technology. Ultimately, we see standards-based, certified electronic health records plugging into a national network, so the two together can have seamless movement of data subject to critical privacy concerns and other barriers so we can have a portable, usable, and secure healthcare data asset in the United States.

The context of the RFI is that it fits directly into the National Strategy we have. Interoperability is essential and lives through the development of tools and solutions that take us beyond the standards discussions into mechanisms that allow this vision to occur.

The RFI was issued because of the substantial nature of the technology, legal, regulatory, financial, organizational, and operational issues around interoperability, and we wanted to have the ability to get comments in a way that they could be reviewed at length and protected in such a way that we can understand real technical gaps, and other barriers of what it takes to accomplish this goal. This National Health Information Network is a way to mobilize and organize our thinking into what it takes to have a usable capacity in the United States for the movement of secure clinical data in a market for clinical information exchange in a way that supports the various challenges we have in the industry.

This RFI will help us determine the next steps in this progress. FY05 will be a critical year for that to occur. We don't envision procuring a solution from the market at this point. We do envision having further dialog about what options exist as we move forward in a public and private manner together to achieve the goals of interoperability. We have a lot to learn from this RFI; the responses are due January 18th. The assistance call is to ensure that all respondents have the opportunity to have questions about the RFI addressed in a public manner.

There are many questions on people's minds, and I want to make sure we understand what this call is not about. There have been many reports in the press regarding concerns relating to the budget for this office. We're

not able to discuss that today. I stand by comments made in the public sphere, that we have full faith in the President's commitment to this topic and certainty that there will be support for the continued momentum of this office and the incredible wave of private sector activities to this developed in partnership with many of you. This is technical assistance for clarity. We will now be able to qualify or provide direction to potential respondent's responses, and we can't direct the kinds of responses you might give. We're only able to clarify and provide more illumination about the question and its intent.

We don't want to focus on the Regional Health Information Organizations or how those business organizations play out over time. Remember our goal is to have a National Health Information Network that connects clinical data and have regional organizations provide the oversight, governance and legitimacy to this in a local area, so we'd prefer not to spend time on that. That's for another day.

Also, we mentioned the Federal Health Architecture. There are many issues about how the federal sphere relates to a potential network, so we want to keep that topic to the side as much as possible so we can allow the maximum time for the responses to questions about the RFI and the NHIN itself.

Now I'd like to introduce Lee Jones, my senior technical advisor who will begin the process of moving us towards questions.

L. Jones   Thank you. I'm Lee Jones. I want to cover a few housekeeping notes. First, this call is being recorded and we'll provide a transcript of the full session on our Web site at www.hhs.gov/healthit. From there you'll find a

link to the transcript. Secondly, this RFI response is due on the 18th of January, and we need to have it in our hands by 5:00 p.m. Our preferred method of receipt would be electronically to the e-mail address NHINRFI@hhs.gov. If you do have to send it by mail or courier, please allow enough time so we have it by 5:00 p.m. The address is included in the RFI.

Also, we have a list of frequently asked questions on our Web site. I encourage you to look there to have your questions answered. We intend to end this call at 4:30, so if you don't get your question answered, feel free to contact us throughout the entire period until January 18th at NHINRFI@hhs.gov, and we'll answer and post them in the frequently asked questions section.

Thank you. We look forward to a good session. I'll be here answer your questions along with Lori Evans.

Coordinator	Thank you. Our first question is from Adrienne Walker.
A. Walker	Dr. Brailer, you seemed to indicate that interoperability would happen at the data level, then tools would be built on top of that. There's a slight concern there that the tools themselves have semantics about the data and if they're coded in JAVA or some such language, and you're dealing with a really complex system over a country the size of the United States that maybe one shouldn't make that separation right away. Maybe one should leave things open and say that the tools may have a part to play in interoperability also. How does that sound to you?

Dr. Brailer   I'll answer in a way you don't intend, which is to use it as an ability to return to some guidelines for the call. You've raised an important question, and I encourage you to think about the question and converse with other colleagues that you see fit, and to write to us in your response about how you think that question should be addressed. But today's call can't really focus on us steering or qualifying a potential response. This is so we can get back an unvarnished and uninfluenced sense of opinion of technical capacity, cost, barrier, and opportunities directly from people.

If you think that's an issue, I encourage you to write to us about it and to illuminate that to the extent you could provide options about how to think about that, that would be very helpful. And that's a blanket comment for anyone listening. This is to educate the policy process about a critical objective in the overall development of this. I'm sorry I can't respond, but it does sound interesting.

Coordinator   Our next question is from Steven Zelinski.

S. Zelinski   Who specifically will be reviewing the RFI material? What are their qualifications and background and what is their experience with electronic medical records? I ask this specifically in the context of what level we should be writing to in terms of our responses so we're not wasting everyone's time in terms of what we try to present?

Dr. Brailer   Let me illuminate that. The office of the national coordinator is very much a virtual office. We have a small, incredibly talented team here. We work directly with detailees and other team members from the vast number of federal agencies. We have mechanisms in place for collaboration. For example, the Federal Health Architecture is a federal

government-wide effort to develop standards in the federal government to look at technology issues, security issues and interoperability, and it's comprised of various work groups that constitute the different agencies, offices, programs, and departments that are involved in any aspect of this, and very broadly. It's not just healthcare and clinical data but food safety and public health reporting, clinical trials. It's a broad, sweeping effort that we coordinate.

That is the infrastructure that will review these RFI responses. We have allocated each question that's in the RFI to a different team so we can have specialists with a broad array of experience be able to respond to these. We're also exploring about where we might have any knowledge gaps or deficits where we'd have to rely on the consulting apparatus that helps the federal government deal with these questions. Right now, we think we can speak to this through the mechanisms we have in place.

That's how we'll review all of them. So if the question is about legal enablers, we'll have people involved who have substantial experience in legal issues in the regulatory and policy sphere. If it's about security architectures, we'll bring those people to bear. So you should assume the people reviewing each question have a good general knowledge of the question, but require to be illuminated about what goes beyond that general knowledge, particularly working towards what are the options or ideas or the recommendations you have for them to think of. Does that help?

S. Zelinski   Yes. But in terms of the answers, then, we need to be aware that any answer to a particular question might not have direct reference to an answer we provide in another question. In other words, we have to make

each of our responses to a specific question a wholly-owned subsidiary. We can't have them referencing another section because, if I understand, that will possibly go to a different team. So I think that's an important aspect of our answering the questions, isn't it?

Dr. Brailer   I think it's up to you to determine how you want to organize your responses. We're sharing the whole responses of any submission to the work group teams. So if you make reference to, "As I answered in question 11," as you're answering question 19, they'll have your answer to question 11 there. We're not, though, looking to them to comment on question 11, however, any work group can comment back to us on any aspect of the RFI. I don't think you have to be exhaustive in that sense. We're not going to literally take apart each answer so that they exist in a vacuum.

That's a good question, exactly the kind of question we want to make sure we speak to.

Coordinator   Next question from Shane Gill.

S. Gill   In the RFI, are you also seeking interoperability technology information on payment systems, as well as electronic medical records, or just specifically electronic medical records?

L. Jones   The questions don't talk specifically about some end technology like electronic medical record or payment system. It talks of the concept of interoperability and the free flow of health information in general. However, as this office is chartered out of the Executive Order 13335, that

sets an objective regarding electronic health records in ten years. So that's also the focus of the office.

Coordinator   Next question from Solomon Apavue.

S. Apavue   This is a very basic question related to network technology. The Internet provides interoperability at the network level. The Internet and Intranets use TCP IP as a standard for communication. Are we talking about a new network? It seems what we need is interoperability among different healthcare applications and systems, which means it requires standards that will be used by systems and users. It might include content standards, information exchange standards, but once you achieve that level of interoperability, it can be deployed in HIN or RHIN or CHIN. What are we talking about? Is it a new network or preparing ourselves to use the technology that is already in place for public priority networks?

L. Evans   We're looking for you to tell us the answer to that question. I think we've referred to that in a variety of the questions in different sections throughout the RFI, and we want to hear from you about the different models we could take into account.

S. Apavue   Does this include patient participation? Do you also envision connecting patients, especially now that patients have access to knowledge base, they can interact with the physicians. Do you envision that?

L. Evans   We've articulated the personal health record strategy in our strategic framework that outlines four goals and twelve strategies. It's one of those four goals. We look forward to hearing your responses to that.

Coordinator   Next question from Don Livsley.

D. Livsley   What's the difference between NHIN and NHII?

D. Brailer   I think NHII is a term of ours that has been used by the National
                    Committee of Vital Health Statistics, the Department of Health and
                    Human Services and various other reports to refer to the global collection
                    of electronic health records that are standard compatible, other devices and
                    mechanisms that supply data that could be used, whether it's a
                    homodynamic monitor, a ventilator in a hospital, an implanted device in a
                    person's body or a monitoring device in a home, a broader way of
                    information generating applications or using applications, as well as the
                    networking infrastructures that are allowed or able to connect those.

                    NHIN refers to, as described in the RFI, a specific bundle of technologies,
                    business frameworks, financing arrangements, legal contracting or other
                    mechanisms, policy requirements, organizational issues and related
                    things—again, we're asking you to educate us—that allow for network
                    interoperability. So NHIN is the middleware in the grand schema of these
                    pieces.

                    This call is really about the NHIN, and we have a variety of other issues
                    going on with the electronic health record. I mentioned the Certification
                    Commission For Health Information Technology. Another component of
                    governance of that large network is the Regional Health Information
                    Organization which we've mentioned.

                    That's the way we think of this piece. We describe National Health
                    Information Infrastructure with a small "n," small "h," small "i," small "i."

It's not a label. We're not designing one. We believe the market should pull these pieces together and not through government programs. But I think it's a compelling idea of how to pull together the pieces ultimately to be a usable asset to clinicians and patients and other components of the industry that are sadly in need of support.

Coordinator   Our next question from Nathan Lake.

N. Lake   Could you give us some kind of time frame of when you think something might be implemented? With technology moving as fast as it is, what we might suggest to you would be dependent on when we think it might be implemented. I'm wondering if any thought has been given to, within a security idea, the ownership of the data that would go into an NHIN and how you track that ownership.

Dr. Brailer   We clearly have asked for information as it relates to data use. I don't think we used the term of data ownership, but certainly data use, right controls, condense, and I would advise that—it sounds like you might have an idea about how something might be managed. We'd love to hear about it. It's very important. This is a discovery process. For anyone on the call, the whole goal is to stimulate collective thinking and help us understand what needs to be done, what are the options, the gaps we face, what are the costs, who should do it, how the pieces fit together. That's what this is about. Your prior question was about—

N. Lake   About when we can expect some kind of implementation to take place. If it's ten years, our suggestions might be different than if it's just two years.

Dr. Brailer   This is a valid question for this discussion. Budget turbulence aside, I think any and all who have looked at this question recognize that if we want to have interoperable electronic health records that have standard components and a network that connects them together, that the network has to come no later than equal to the deployment of the electronic health records, preferable sooner, so we can combine the way the central middleware works and know how to specify what it takes for an electronic health record to connect to that, or another information appliance.

We have a significant degree of urgency about the National Health Information Network and the interoperability in general. How that translates into physical years, budget plans and even a roadmap will be one of the key questions that this RFI collectively will speak to us about. I don't want my staff or other government agencies or other people in the federal sphere telling the private market how to do this. We want to understand what can be done and what sequence so we can get it underway and do it in the right form to preserve the kind of market values we have.

I can tell you it's urgent. It's my top priority to see that this gets underway. How that translates into time frame will be the first answer that really drops out of the collective analysis of this response. But don't assume it's ten years away. The President gave us a ten year goal seven and a half months ago. Anybody that has developed systems and solutions would say they can't postpone the tough issues to the very end. We do have urgency for this, and FY05 is a good starting point.

Coordinator   Next question from Michael Isenberg.

M. Isenberg   This relates to the previous question regarding the relationship of the
                   architecture defined in the RFI to the public Internet. GSA is in the midst
                   of doing an RFP for its networks program to define the commercially
                   procured voice and data network infrastructure for the federal government
                   for 135 agencies and departments over the next five years. Can you
                   describe the coordination that has gone on with GSA in terms of those
                   elements of a work architecture that will be available to HHS and other
                   federal agency participants in the NHIN so that, as with not reinventing
                   the elements of the Internet and the NHIN that we, in our responses, don't
                   make presumptions about what capabilities are expected to be available to
                   agencies from GSA-provided services.

Dr. Brailer   To my knowledge, there has been no coordination of that activity. I'm
                   aware of the procurement that you're describing. But except for being
                   peripherally aware, our office has not been involved in it. We'll take it as
                   a line item, but I suggest you say in your written response that we look at
                   that. That would be a good reason to bring GSA into our process and
                   ensure there is some level of coordination with what they're doing.
                   Thanks for the alert.

Coordinator   Next question from Michelle McGlinn.

M. McGlinn   I'm aware of one large collaborative response involving connecting for
                   health and other large industry groups. I wonder if there are other large
                   collaborations you're aware of representing other aspects or groups of
                   stake holders?

L. Evans   We're not aware of any others. I know there is a lot of interest, but we
                  don't know of any of them. I know that in our directions, we encouraged
                  groups to come together because we think it's such a multi-faceted
                  problem that would benefit from the discussion of key knowledge experts
                  in the areas we lay out in the RFI. But we're not aware of potential
                  respondents.

Coordinator   Next question, Mary Griscitz.

M Griscitz   Will you share the responses of the RFI with everyone, and if so, when
                  would they be available? And once the committees have gone through
                  them, what is the time line around those next steps?

L. Jones   After we've gotten all the responses and performed our analysis, we're
                  going to produce a document that provides you with some insight into
                  some of the lessons we've learned from going through the responses. It's
                  difficult to say the exact time line because we're unsure of how many
                  response we'll get. We certainly have finite resources. However, we'll be
                  working very aggressively to put that out as soon as possible so we can
                  move forward on the agenda.

Coordinator   Next question from Pam Dixon.

P. Dixon   Regarding the federal aspect, what system of records do you anticipate this
                  falling under? In terms of system of records, you know how government
                  information falls into systems of records in terms of the Privacy Act.
                  What systems of records do you anticipate this falling under in terms of
                  the federal aspects of the system?

Dr. Brailer   This is a topic where I don't have an answer. We'll post this back as a
                  FAQ as soon as we get advisory on that. Thank you for raising it.

Coordinator   Next Jim Garnhem.

J. Garnhem   My question was partly answered. But I'm thinking of what happens after
                  the submissions. Is there any plan to have some sort of an interactive
                  community approach to the development of the NHIN? I'm thinking in
                  terms of the connecting communities where not only is it a one directional
                  communication from the community to you and perhaps even some
                  feedback this way, but even connectivity across the different entities so
                  that we here in Rochester might learn something as we develop a portion
                  of what might inform the efforts in Detroit that says look what we've been
                  doing in laboratory connectivity or something.

Dr. Brailer   It's premature for us to discuss how we'll deploy or disseminate any
                  findings from the RFI because of the global open-ended discovery nature
                  of this. We felt it was very important that the private sector have a chance
                  to shape the very underpinnings of our thinking about this, rather than
                  coming with a lot of thinking pre-baked and saying do you like option A,
                  B or C. Where we go forward is purely dictated by what we've learned
                  from this process, and what options really can survive the vetting process
                  that will go through various channels will end up determining what could
                  play out.

We envision the National Health Information Network emphasizing first and foremost the first word in it, National. We don't envision local, information architectures being developed beyond the ones already being done because we don't have a national solution today. There are many reasons for this. First, after we come out of the discovery period from these various regional projects, working on the technology for information sharing, the use of funds will be better spent on other things. There are huge returns to scale, as everyone knows, for developing technologies and amortizing them across large populations. We want to make sure we have true interoperability, which means Rochester and Detroit could share data on a patient, if a patient moves between them, rather than just regional sub-silos.

That's an ongoing principle, something we have bound, that's built into this RFI and our strategic framework. Where we go from here and how that works is what we're asking advice on, and to have a robust discussion in the federal sphere before we then take it out more broadly. I hope you will illuminate us about your thoughts about that. They'd be very helpful.

Coordinator   Our next question from Maggie Lohens.

M. Lohens   How much are you considering the source of these responses? That is, both the hospital I represent in my local professional association and a local coalition I'm with, we're all considering providing responses. Is there any value in multiple responses, or do you consider the coalition that's producing it?

L. Jones   The RFI is certainly open for anyone to respond in any configuration that's expedient. We have encouraged different stakeholders to come together for joint responses only because we believe that it's a multi-faceted problem and any response often benefit from different perspectives. However, there is no preference or any other kind of special consideration given to responses that are groups versus individual entities or any regard given to what type of entities of respond, or multiple responses coming from the same entity, etc.

Coordinator   Our next question from Tom Jones.

T. Jones   I'm very excited to hear that the personal health record is part of this vision because I think it's a very important piece. With that in mind, has there been a scope with the number of languages we're talking about? Our country has become multi-linguistic, and Spanish is a very important piece. Many patients dealing with our PFR are asking for someone to interpret the data into their language so they can use it, and its use is an important piece of information. Has that been part of this vision?

L. Evans   It's a very important point. We would encourage you to consider that in your responses.

Coordinator   Next question, Peter Devault.

Emily   This is Peter's colleague Emily. A follow up question about the reading audience, which is a great question. Will there be two way communication between the readers of the RFI and the writers, if there is a clarifying question that comes up?

Dr. Brailer   The answer is yes with some very strict qualifications. We are not in a procurement phase. We don't even know if we will enter a procurement phase. This is advisory only. So we will have questions only if we don't understand the response. If the response is confusing, we may call to clarify. But I think that's a very limited reason why we would follow up. It's our sense that we need to compile the various data points presented, either as options or ideas or recommendations within any of these questions, and more importantly across all the answers to see what the universe of issues are for each.

So if there is a qualification where, for example, someone is responding in their question numbering if the answer is out of order and we're not sure, we might follow up. But we're not going to have private or one-on-one conversations with any submitter because of where this could potentially lead under one set of scenarios. So I think it would be highly limited. And anything we do will have a public audit trail in terms of reporting or transcriptions on the Web because of the need for all of this to be transparent and for all of us to be thinking about these issues in a joint way.

Coordinator   Next question from John Kelly.

J. Kelly   I'm from Gunderson in Lacrosse, Wisconsin. I'm not sure this question is appropriate but I'll fire it off and you tell me if I'm on the wrong page. If the concept of the NHIN is essentially a bottom-up build concept that we'd reply to, meaning you'd allow for local market areas to develop naturally occurring networks which would then, over time, consolidate into a national network, is that appropriate for this topic or is that better dealt through areas such as Lori Evans through a regional health network?

L. Evans   I think we want your comments on that. We have a couple specific
                questions around the impact and relationship between Regional Health
                Information Organizations and the National Health Information Network,
                so we look forward to your ideas and insights into the multi-faceted
                considerations between those entities.

Dr. Brailer   While the constraint we put on this in the strategic framework and the RFI
                is that this is a national network, I'd not interpret that we are specifying
                that it's top down. If anyone thinks there is a bottom up or some of their
                mechanism, road map or process of deployment, I'd encourage you to
                write about that. It's a critical issue. Don't read anything into what we're
                asking for except we feel we cannot achieve the President's goals for
                choice and portability and quality monitoring, let alone some of the issues
                of supporting federal agencies as we try to develop interoperability
                solutions among many of the various different programs, and it requiring a
                national solution in the end, which essentially means that the technology is
                built with very large scale and it doesn't put artificial, geographical or
                programmatic constraints on it.

                But how we get there is a lot of what this RFI is about, and I'd really like
                to see illumination of the issues or options and how they'd play out.

Coordinator   Our next question from Bill Gamey.

B. Gamey   I commend HHS for beginning this venture into a National Health Record.
                  I'm representing a home health agency, and we have intermingled with
                  online records and have a system we feel is very strong. I want to put to
                  the efforts here that having individual providers still be able to use their
                  own systems while feeding into a national records of some type would be
                  a very successful way of bringing information together from multiple
                  parties. I propose getting the health insurers, the large insurance agencies
                  and software agencies in the nation as part of that process in modeling
                  something after HIPAA and how successful the transaction standards have
                  been implemented.

Dr. Brailer   We appreciate that perspective, and I can think of several questions within
                  RFI that you could use to capture that thought and communicate it to us.

Coordinator   Our next question from Lynn Nunbrak.

L. Nunbrak   My comment is in response to that question about consortiums. I
                  represent MA-SHARE, a subsidiary of the Massachusetts Health Data
                  Consortium, and I'll be coordinating a response from Massachusetts. So
                  there are folks coming together to do this.

Dr. Brailer   We applaud the experience of those out there doing this, those that think
                  they have good ideas. Anyone is welcome to pitch in. Projects like yours
                  that are underway I'm sure will raise lots of questions that are about how
                  does this really work when the rubber hits the road. Thanks for joining us.

Coordinator   Next question from Solomon Apavue.

S. Apavue   I was curious about who the readers of this RFI response will be? Will it include anybody from the standards board, given the fact that interoperability and interconnectivities differ so much upon health care informant extenders. Would there be any participation on the review by the standards folks?

L. Jones   Yes, the review of the RFI will be by federal agencies only, although we do have representation from all the federal agencies in all the major standards and other kinds of initiatives that are relevant. But the review will be within the federal government space, and we're not asking outside entities to assist us in that review.

S. Apavue   Given the fact it's going to be a joint venture between public and private sectors, would you consider including experts from outside the federal government?

L. Jones   As we go forward with this entire agenda, we are committed to—as we are for the entire strategic framework—having a public/private partnership in trying to bring this about. However, specifically regarding the review of the responses that come in to this RFI to inform this office on how to proceed, we're not asking outside entities to participate in that review directly.

Dr. Brailer   I'd like to expand on that to make sure you differentiate the review of the RFI, which is reviewing 24 questions that could have substantial amounts of data and information, across potentially hundreds of respondents with vetting of plans we'd put out that are drawn from that. We certainly are not predicating our belief that the federal government will take this, go off, and one day announce to the world how it will do this. But we want to be

sensitive to the responses here and have a chance to really vet these in depth and understand what options exist, given the world we live in, the realities, constraints, opportunities and needs so we can then put out plans or ideas or further questions to carry this forward.

Those standards bodies, like anyone else on this call, can submit their own formal response to this that puts their comments on the record. Particularly question 16 which asks what roles the standards development organizations have with this. Again, this is the first step of a very long, complicated, multi-step journey. We're at day one. We have to do our work to put a boundary on what we think is in the realm of the possible before we carry this out. But every step along the way will be transparent, have multi-stakeholder involvement and will be something where we'll value the discourse that's going to be important to ever take something like this to reality.

S. Apavue   I appreciate your answer. The standards are not only national within the U.S. that could be valuable information coming from the standards community. Thanks.

Coordinator   Our next question from Elliot Menshek.

E. Menshek   I understand the RFI is intended for advisory purposes only and if there is not a procurement planned, one may not occur. If there is a procurement phase, is participation in this RFI still going to be a prerequisite to enter that phase?

Dr. Brailer   No, there is no prerequisite to answer this RFI for any step we might take subsequent to this.

Coordinator   Next question, …

W   My question relates to the procurement opportunities that may exist in the future. In terms of where this RFI will go, how do you anticipate the government leveraging the private sector in the future, and after the discovery of the RFI?

Dr. Brailer   I can say at this point that all options are on the table. The purpose of the RFI is to directly speak to that. There are some questions in the RFI that discuss how public and private organizations relate to each other, how the private sector can be leveraged, and what the role of the federal government is. Again, in the spirit of not directing or steering or qualifying the answers, I recognize what you've raised as one of the critical questions. I'd direct you to questions 2 and 18 as places where I hope any of you would write and tell us about this.

                   This is a novel undertaking in the sense that we want to do this collaboratively and in a way that's not a federal imposition or federal project. So tell us ideas; give us illumination. Point us to models and show us where this has been done in other settings and industries with federal and private activities. We want to be informed.

                   At this point, I'd not rule anything in or out about any subsequent actions or methodologies for deployment posterior to this RFI.

Coordinator   Next question from Michelle McGlinn.

David   This is David, I'm sharing with Michelle. Other than the statements
                      within the RFI itself, are there any other stakes in the ground that are
                      already, in regard to this given, that are not specifically mentioned in the
                      RFI. For instance, in the RFI it says it's national in scope. There have
                      been other efforts like Connecting for Health etc. that have talked about
                      things like there should not be a single, central database or there shouldn't
                      be a single national patient identifier. Things like that. Are there any
                      assumptions or givens like that?

L. Evans   We reference the strategic framework in the document. As far as the
                      wealth of information out there on this topic, we ask you to use that to
                      inform your response so that we have a vast array of considerations and
                      ideas. I know there is a lot out there and that's part of the thinking and
                      responses we're looking for.

Dr. Brailer   If you see things you think we should have hard and fast, say so and make
                      the case. But we're not entering the RFI process that way. We see this as
                      an open-ended discovery.

Coordinator   Next question, Burk McDowell.

B. McDowell   This is to ask more clarity around FAQ on the Web site. It says complete
                      responses are encouraged but not necessarily required. If an organization
                      feels strongly they can answer only some of the questions, is the response
                      going to be considered with the same attention as if it were completely
                      filled out?

L. Jones   Yes. So if you chose not to answer each question, the questions you do
                    answer would certainly be given full consideration alongside any others
                    that may have come as a part of a complete response.

Coordinator   Our next question, Johannes Ernst.

J. Ernst   The FAQ seems to imply the responses to the RFI will not be public
                    material. Given that this is a very large effort where, at the end of the day,
                    lots of people have to collaborate in an open manner, is there any reason
                    why these responses are not going to be public?

Dr. Brailer   First, let me discuss whether these are public or not. As you know, we
                    described that the RFI response that is submitted could be requested to be
                    kept confidential. Yet also, it described that we can't supercede federal
                    law through our policy making process. Federal Law, through the
                    Freedom of Information Act and other forms of discovery, which could
                    result from congressional oversight or other things, which are normal
                    situations of federal policy, could supercede in a statement of
                    confidentiality that we make. Therefore, we, in the end, cannot guarantee
                    that any response will be kept confidential.

                    Let me come to your question about why it is that we wanted to do it this
                    way. A legitimate question would be why not have a two day or 22 day
                    hearing and just let public responses come through. The answer is
                    twofold. First, we think this is much more time efficient than a public
                    hearing, but clearly that's inadequate in the transparent process for
                    convenience or logistics to supercede, so I want to come to the core
                    reason.

It is very important to us, as we figure out what it takes to develop this network and how it should be done, what those things will cost, what needs to be done and developed because it's still not ready for prime time, that we get the most full and honest depictions possible. If we make mistakes because we're unduly reliant on certain types of technologies or legal infrastructures or organizational capacities, if we make under-reliance, begin this process and realize we overestimated the capacity of industry to deliver this, I think we'd have a significant setback. We thought one of the best ways to mitigate that was to have this quasi confidential process that allows a more honest and fully-vetted depiction of what the real issues are so that the public process or full transparency, which could require more risk to proprietary know how or a more confidential depiction of things, lets us make a more accurate assessment. We felt the public's interest was therefore more fully served by having this process.

We will give a full description of the responses—the range of responses, what was given, what they meant. We will not, under that report, reveal who said what. But the full range of responses will be released.

Again, there is a confidentiality process where in the end, it's possible someone could get discovery. Our recommendation, if it happened, would be to honor a confidentiality request, but everyone should respond to this recognizing that we cannot guarantee that confidentiality in the end.

J. Ernst
I think there would also be value in making it transparent, at least to those respondents to the RFI who would like to be discovered who these respondents are because at the end of the day you're looking to industry to self-organize and produce something, and I think it's somewhat difficult if it's unclear who is responding, at least those who would like to be identified. Maybe you could add a section to your Web site where people could identify themselves.

Dr. Brailer
First and foremost, any respondent is welcome to post their response on their Web site or release in some other public mechanism. If anyone wants to do that, it's great, and your own decision. If someone wants to declare publicly that they have responded, that's their own business. We're not trying to bind any of that behavior.

In terms of the question would we disclose a list of who responded, I think it's premature for us to do that because of the highly investigational nature of what we're doing. Your comments are right on as we move on to the next step. This process, which is now in a very open-ended discovery, will certainly take next steps as we go towards looking at models or potential solutions or alternatives where we have to start narrowing the fields and it needs to be done through a public process.

This is putting the cart before the horse because the first decision to be made looking at this is that this is possible and can be done within the constraints and resources that we have available within the nation, as a healthcare industry. I think any group can certainly do that. But I would encourage everyone to recognize in their responses that we really want to know what's going on, what can be done, and what's available and what is not. We want to go beyond brochure-ware here. We want to get down to the real details.

In answering the question, make the assumption that there will be scenarios where these could be made public, and those will be out of our control. But they will be completely consistent with law.

Coordinator   Next question from Robby Kumar.

R. Kumar   In the future, are you looking for some state consortia or early adopter states to work with you to implement this?

L. Evans   Again, this discovery process will really inform how we proceed and what our next steps are. I think there are a variety of options. There are the five AHRQ state contracts that were awarded recently in Tennessee, Indiana, Colorado, Massachusetts and Rhode Island. We know there are a lot of other community projects and statewide projects out there that connecting communities for better help program was already referenced today. The sky is the limit. We look forward to going to this process and determining what our next steps are. But those certainly are considerations.

Coordinator   Next question from Mike McKinley.

M. McKinley

I want to thank those participating on the call, as well as those attending. I wanted to follow up on the issue of making these responses either private or public, and raise the issue of whether or not certain organizations or corporate entities might be less likely to participate to these responses given some of the ticklish natures of privacy issues involved. Someone mentioned the National Patient Identifier number, originally part of the HIPAA rule and later jettisoned as politically incorrect. There are a lot of different kinds of issues that you run into as you're looking at this. Which providers will be able to use the National Health Information Network? What kinds of medicines they might practice? All these things roll into an issue of whether or not, if that is made public, that would reflect badly on the people that are just suggesting these are issues needing to be addressed and not necessarily advocating one or the other solution. I'd like you to keep that in mind as everyone is thinking about what they'll say here. This is a big effort and it will require some politically deft approaches.

My question is in terms of your model for this approach, which is basically a blank sheet and come up with your own idea of what a National Health Information Network is. Dr. Brailer, in coming up with this approach, did you have a model for it? Have you seen this work elsewhere in the federal government that we might be able to use as a guideline.

Dr. Brailer First, regarding your preamble, I rely on every organization to decide whether or not they want to respond to this. If, in responding, they want to do so on a stand alone basis, which would necessarily talk more about their own proprietary or policy views, or in a group which could allow more of a synthesis to occur. Everyone has to make a calculation. This process we're following is not without its faults. There is no perfect way to get perfectly good information in a perfectly transparent way that helps society. We think this is the best for this problem because of the very nature of the technical complexity.

I think you point out one of many problems that people take into account, and I trust that this issue is one that, in the end, those that respond will be glad that they did, and those that didn't will be glad they didn't.

To the question, we've looked at a lot of models of how the federal sphere has operated for information collecting and that works with private sector entities in a variety of ways. I won't be able to point you to any because I think that is prejudicing responses, and I encourage you to look at these models—there are a variety of them—and to the extent you know them or others do, we'd be happy to have them pointed back to us, or use them in your own responses.

One of the reasons we came up with the RFI and some of the questions that are there, I think this is more than a blank sheet, is because in our discovery process so far, we've seen a variety of models. We want to see which works for healthcare today in America, and not what might work in finance or transportation or defense or something else. I encourage you to do some homework, and I look forward to learning what you found out.

M. McKinley   Is there any consideration for access to the National Health Information
                     Network beyond the boarders of the United States?

Dr. Brailer   It's not been contemplated. There are either international constructs, other
                     than the standards efforts which we're highly aware of, which would
                     enable or prohibit that, or opportunities. We've been involved in a few,
                     just in some disease areas, where there is international reporting going on.
                     I think those would be useful. But so far, we've not seen an obvious
                     transnational benefit of this. We stand to be illuminated. There are no
                     specific questions on that topic because our initial discovery didn't frame
                     this as an area of viable inquiry. But clearly there are flavors of that issue
                     in many of the questions. If you think there's something there, I'd love to
                     hear about it.

Coordinator   The next question is from Frank Longo.

F. Longo   Noted throughout the year, the framework document is the shift you want
                     to occur towards the consumer-focused information environment. I'm
                     curious if you have that specifically to target any consumer groups who
                     may not be interested in the procurement portion of this effort, but any
                     consumer groups to comment in the RFI. If any do comment, could you
                     encourage them to allow their responses to be public in that, as we all
                     know, building a good system with the ultimate users in mind, and I think
                     from looking at the framework, that is who you want to be the ultimate
                     user of the system.

L. Jones
We haven't encouraged or discouraged any particular segment or stakeholder, but we do welcome all responses from all quarters, and certainly that's a very interesting perspective you bring out. We welcome responses from consumer groups or others. Certainly anyone can make their responses public and advertise their responses to the world.

Coordinator
Next question from Brian Beasy.

B. Beasy
My question regarding making responses public and that's been handled in great detail. I'll briefly add my two cents that as a healthcare IT consultant, I think it would be very useful to have them available and for people to understand who else is on the same page and who it might makes sense to partner with. You just mentioned again organizations making them public themselves. One suggestion might be, for those organizations that do chose to publicize them, maybe you could list the links to their sites if they get in touch with you. That would be a good way to compromise on this.

Dr. Brailer
We'll take that under consideration and have further communication if we think there's something that can and should be done with respect to that. Thank you.

Coordinator
Next question, Mike Skinner.

M. Skinner   I'd like to make a clarification. At the risk of taking this too literal, referring to page two and the very specific statement relating to addressing the goal of interconnecting clinicians. Have you intentionally excluded the consumer impact associated with this RFI in general, there is an obvious impact and influence in consumer sphere which, obviously, we can comment on responding to the RFI. Should we not spend too much time on that, or is the consumer case of that as a response to this RFI that you're looking for, and I'm reading it too literally?

Dr. Brailer   Among the options you gave me, you're reading it too literally in that what we were trying to do in that first paragraph was to innumerate some of the benefits of interoperability, what it would enable people to do. But we were not trying to be exhaustive, which is to provide essentially a redo of what we laid out in the strategic framework about the need for interoperability that clearly laid out the consumer, clinician, and the various agencies, state entities and other entities who have a monitoring, research or surveillance interest. These are for instances designed to, in a very pithy way, put people back in the frame of mind to think about why we're doing this, given that we're beyond the why stage now. We're moving into the how and what stage.

I wouldn't read any bias into that. Our group is highly focused from the President's charge on enabling and empowering the consumer. The consumer can't have person-center confirmation without interoperability. In fact, the inability to provide the kinds of information consumers might want is one of the best evidences that we are not an interoperable industry. I appreciate the clarification.

Coordinator   Next question from Karen Williamson.

K. Williamson   Do you intend this to be the primary vehicle for input from regional HIOs or do you plan some other future formal or informal solicitation of input from regional or local HIOs?

L. Evans   This is our first diagnostic to address and inform the process by which we move forward. We would encourage regional efforts to come together and respond if that's their choice. You heard the MA-SHARE project is doing just that. There was also a reference to other communities. Along the way, this will be a partnership and an ongoing dialog for the public and private sectors.

K. Williamson   So you don't have any other one plan specifically for regional or local HIOs. This would be the better option.

L. Evans   Correct.

Dr. Brailer   I should comment because we put RHIO topics off of this call. There are many activities going on now, meetings and various other forms of conference calls, the AHRQ resource center, the Connecting Communities For Better Health Resource Center. There are many activities that we're involved in around formation of a RHIO exclusive of this technology and infrastructure question. So for those of you in regional organizations, we maintain a vital and growing partnership with AHRQ, a variety of efforts underway to ensure, with HRSA as well, to ensure that the growing RHIO movement that's sweeping the United States has the kinds of support, coordination and sharing that's needed for it to continue.

But that's not just the topic of this. What we're really looking for here from the RHIOs along with everyone else—but RHIOs in particular given your question, is your rubber hitting the road. You guys are trying to do this, if special insights tell us about what some of your needs or issues might be or what you've learned. Put these out for people to do this. That would be very helpful.

Some of you know I wrote a report on Santa Barbara last July that tried to lay out some of the barriers, challenges and pitfalls of what it takes to really get these things done. This will be a chance for you to offer advice, hopefully better than me.

Coordinator	Next question from Steve Zelinski.
S. Zelinski	I understand the concern about public versus private disclosure and the issue of confidentiality. I can envision four particular areas where there might be some problems with the information that individuals provide or their willingness to do so, specifically regarding copyright, trademark, patent and what would be process patent issues, the process patent issue being the most specific here. While I fully recognize that while you offer confidentiality but can't guarantee it, I would ask a question on the other end as to how willing you would be to disclose when particular information was received by you, and the nature of that information so that, in effect, if someone chooses to provide information, say that million dollar idea or whatever, that they have some protection for that idea and that they are the source of that idea so that we avoid the situation where certain ideas are freely borrowed but never compensated. I hope you can comment.

Dr. Brailer   I'm not sure I understand your question, and unfortunately my answer will be largely the same as the other answers I've given. These answers are not strictly confidential. There are reasonable means under federal law by which they could be discovered and disseminated. That's a known risk, it's un-mitigatible; it's out of our control. We'll use the means we have available at our offices level to protect the confidentiality of these responses, which include controls on the dissemination of these during the review process, which include assurances from the federal agencies that they won't use this information in other things they're doing. That certainly includes a non-dissemination into other branches of government or into the private sector. Those are things we have control over.

If the information is put out through some process, we have no control over how it's put out or what happens. So that's the fine line that everyone has to be aware of as they respond to this. I encourage you, if you have information you consider to be substantially proprietary and confidential and would be at risk if disseminated, you must make a determination if you want to submit that to us because we have nothing more than what I've described.

I consider, for this type of project at this stage, this process is superior because it lets us understand the real world challenges we need to understand before we start moving in some direction. The next steps, I'm sure, will be transparent in a much different way from this. But that's all we can do, and you have to make your own decision about what will be submitted and what won't be based on your own judgment of benefits and risks.

S. Zelinski   I concur on that completely. I think my statement goes to a slightly different issue. If, in fact, the disclosure occurs and the information is placed out there, do we have some assurance that your agency will provide the documentation as to when and how it was submitted to you so that if a dispute arises later regarding the proprietary nature of the information or the origination of a particular idea, that those individuals will, while they may not have complete protection, will at least have the assurance of knowing there is some documentation as to the time and place that their ideas were submitted.

Dr. Brailer   I understand the question now. We will consult with lawyers in the executive branch and post a fact in short order that responds to that. I can't do that today without having a discussion among a variety of different people in the general council's office, but we'll do that.

Coordinator   Next question from Nathan Lake.

N. Lake   While we're beating a dead horse, I guess I'll do one more thing on this publicly available information issue. I think if anyone submits a million dollar idea, they're probably going to give it up because it could end up in the public domain depending on how the government chooses to use it. Is there any reason you couldn't make this information available in an anonymous way during what I assume will happen is a second round of discovery, submitters could make use of other people's ideas.

Dr. Brailer   Was that question posed to me or the prior speaker?

N. Lake   To you. I don't expect an answer to get out of this.

Dr. Brailer   Okay. As I said, we'll write a summary report that relatively, exhaustively, presents the range of answers to each question. While we're not just going to summarize every entity's answer, we're going to compile and synthesize so that the themes and components of these answers can be known. That will be the extent of what our planned dissemination is. There are other things we're thinking about depending on what we learn, simply to be able to register back to the world what has been learned, what has been seen, so we can all have a meaningful dialog about this. We don't live under the belief that the federal government will just somehow do this based on the learnings we have here, therefore it's important for all of you, as students of this topic, to learn as well. That dissemination document is a key piece.

I don't think we would go beyond that with respect to any particular response. I can't imagine the scenario we would do that. But we might do other things to continue a dialog about this topic. It's traditional, for example, with RFIs to other parts of government that there be an Industry Day or some kind of meeting day to talk about that. We haven't ruled that in or out because we need to look at the responses to determine if we're even plumbing in the right direction.

Again, everyone has to make their own decision about what to disclose and what to tell us about, at what level of detail and granularity, and recognize that there are real and meaningful risks that this could be put out. We will get back to you regarding what restraints we can put around when it's put out, what we're allowed to do or not do after we consult with lawyers. Other than that, I can't comment more because this is really the extent of the boundaries we have on this.

Coordinator   Next question from Adrianne Walker.

A. Walker   You mentioned the responses to the RFI will go to various reviewers
                     within the federal government and that you'll produce a report afterwards
                     which won't name the people or contributions. As you send out the
                     responses to people in the federal government, will you be removing the
                     names of the people as is done in formal refereeing of journals or will you
                     be leaving the names of the contributors on those documents?

Dr. Brailer   It's our intent to maintain the names with the responses. The reason we're
                     doing it this way is that it is not like a scientific review process where we
                     want the evidence to come through out of the context of the authors. It's
                     very important to us that they be seen in context. The reason is because
                     the federal agency representatives and leads who are involved in this have
                     awareness through their own agency lenses of various entities and
                     organizations and groups that are doing things for them. One question
                     we're asking them is what do you think of these responses in the context
                     of what you've seen. Not that we're evaluating anybody or trying to start
                     figuring out a short list, that's so far beyond where we are. But we want
                     them to have a fully contextual ability to frame this. I see benefit of
                     knowing who the respondents are, and no benefits of withholding that.

                     So that is our current plan. If you have any thoughts about why we should
                     rethink that, I'd love to hear them. We thought that through in some depth
                     before we took this step, and at this point, the normal review process for
                     everything that goes through Federal Health Architecture, say it might be a
                     proposal for something that we're doing on a contract, is the contractor is
                     known. I'm open to suggestions that would suggest there are unknown
                     benefits of anonominity in that review process.

A. Walker   No such suggestions. Thank you, that was the answer I was hoping for.

Coordinator   Our next question from Pam Dixon.

P. Dixon   I'd like to clarify a point made earlier in the call. It's my understanding that currently transnational data flows are not being considered in this RFI. If we would like to comment on that issue, is it your position that we should make our case and simply create that as a subsection of our response?

Dr. Brailer   I would hope anyone would organize any comment they have about any aspect of this into the questions as illuminated. Our review process started by understanding what are the questions to which answers would give us meaning with respect to next steps. If you simply can't shoehorn something into a question without it becoming too unwieldy then add it as additional, general commentary and we'll certainly make sure it gets handled. To the extent you could put them in questions 1 through 24, that would be helpful.

Coordinator   Our next question from Wanda Johnson.

W. Johnson   I must admit all this talk about what's going to be made public and private, copyrights and that sort of thing, encourages me, there may be some silver bullets there that may be eliminated. I hope so. My question, though, is you've described how the responses will be shared within the federal agency. I'm wondering what level and process of communication there is between your office and lawmakers in Congress?

Dr. Brailer   Regarding this RFI?

W. Johnson   Yes, and the entire initiative.

Dr. Brailer   Well, we have not consulted Congress on this RFI. I don't know if that's what you're asking. We had a variety of Congressional participants in our July 21st conference when the NHIN and the action step towards the RFI were announced and discussed. But we're not even contemplating proposing legislation related to this. Our other involvements with Congress I don't think are in the context of this call to discuss.

I guess I would turn this back to a question. I think there are questions in here about the need for potential statutory change. If you think something has to be changed in statute before any or all of this can be done, question 21 and 22, we would certainly very much welcome advice that would take this directly, potentially under a future scenario, to a Congressional agenda.

W. Johnson   If I could make a follow up comment, my question really wasn't did you receive any direction from Congress. Just being aware of how much interest there is at that level, I was wondering as this process continues and as we go forward, is there a process in place where your office makes some report to them about the progress we're making and that sort of thing. I know several bills have been filed and there is much interest.

Dr. Brailer   I see where you're heading. I'll just provide two general comments. First, we don't provide reports to Congress unless they're requested. The GAO, for example, has been assigned by Congress to look at the needs at the status of health information technology. They did one late this summer looking at legal and regulatory barriers. It's a public record that there's now one where Congress is looking at our strategic framework, and that's one way we work with Congress. We don't really report in that sense. There is more of an evaluation and a report that's written by a third party about something. So that's determined solely in the domain of Congress of when they want to do that or not.

Congress also has appointed the Commission Of Systemic Interoperability, or at least Congress has appointed a number of seats on that commission as authorized under the Medicare Modernization Act. There have been public releases about those members and about them getting ready to start up here relatively soon. So that would be a mechanism by which Congress will get input related to the whole variety of topics around standards, interoperability and other things.

But other than that, we don't have regular formal contact with Congress as a body. There are various Congressional offices interested in this topic, and regular dialog between a whole community of people, the federal government and outside, who are interested in this topic. But we're not having other kinds of formal discussion.

Coordinator   Your next question is from Jesse Barber.

J. Barber   This RFI seems to be predominantly focused on civilian healthcare. Should we take into consideration any government or military use of the national healthcare infrastructure network?

L. Jones   I think this office recognizes we don't live in a divided healthcare world. In fact, the active military through DOD and also Veterans Health Affairs certainly interact with private health care entities in a number of ways. They are major partners with us in the implementation of the strategic framework in general. The Federal Health Architecture also brings those two and other agencies to the table to discuss topics relevant to this one. So, in as much as you have particular insights or suggestions you like to give us regarding their integration or how it's relevant to the civilian chair, we'd love to hear about it.

Coordinator   Next question from Jackie Johnson.

J. Johnson   The first question is are you seeking information on information security training programs and the certifications that might be needed for the work force that's going to be handling the data? The second question, is the certification commission considering certification of individuals versus the systems themselves.

L. Evans   The Certification Commission For Health Information Technology is not, at this point, considering a professional person-type certification. I know there are a lot of programs that the American Health Information Management Association has in that regard, as well as HIMSS. There are things out there considering that. But the commission itself is not focused on that.

J. Johnson   I'm sorry, I didn't get the name of the organization considering them.

L. Evans   The organizations that already have programs available for professional certificates or training are the American Health Information Management Association, AHIMA, there is HIMSS. There is also URAC that has programs. There are probably a variety of others as well.

J. Johnson   The first part of the question is are you seeking information in this RFI regarding information security training for the workers handling this data.

L. Evans   Insofar as you see a specific question in particular related to that, Dr. Brailer was making reference to being able to include things within the context of these questions. So to the extent that you think that is really critical to the RFI and the specific questions, we'd encourage you to include that. We do have that issue on our agenda that is sort of separate from how we're pursuing this RFI.

J. Johnson   Will there be another opportunity to discuss that issue separately from this RFI?

Dr. Brailer   Let me state more globally to manpower issues. We recognize that, as the nation embarks on having interoperable health records in many of their aspects of automation, that it changes the dynamics of manpower both at the medical records level, the professional, medical and administrative levels, the health information executive level across the board. This mechanism in the RFI is probably not the best place to illuminate those issues because to be fair in responding to this, it would have to be shoehorned into these other questions and may not give justice to it. In fact, I'm certain it doesn't give justice to the manpower issues.

We have not made a determination about next steps with manpower issues and how to even contemplate them. But as it becomes among out top priorities, you'll certainly hear more about that. If you think there are issues that need to be raised that are critical to the network itself, please do so. But otherwise, there certainly are a variety of meetings and conferences already about manpower issues. I think there is a growing movement of people to really stop and say what does it take to develop the manpower to do the things we've laid out to do over the long run.

Coordinator   Your next question from George Gilmore.

G. Gilmore   Question regarding the completion of the formal RFI process, realizing this is the first step. You mentioned the summary document that you're going to be distributing. Will that complete the formal RFI process?

Dr. Brailer   With the exception of a potential industry-wide conference, which is not decided and at this point not planned, the report would conclude this phase because it would be our expectation that the report would state next steps or alternatives that could then be vetted.

G. Gilmore   Will there be any status or progress reports between the times that the RFI closes and the summary document is distributed?

Dr. Brailer   No, we can't guarantee that. This is so open ended. We have no idea how many responses we'll get, how complicated or diverse the answers are, what types of issues will be raised in the review process. I would hesitate to give either a deadline or a process because of the open ended nature of this. And I'd say this—many of you that have watched our office know that we're quite deliberate about moving forward. You might be taken aback a bit about how open ended we're approaching this. We're doing this so we leave no stone unturned and make no assumptions that can't be bourn out in fact, and that we build the case for what the next step should be in such an iron clad way that they're undeniable because we cannot achieve the President's vision without interoperability being a factual asset in the healthcare industry.

So we are really stepping back a lot here. And that means necessarily that there is a little bit of arbitrariness here about some deadlines and timetables. But in thinking about the steps you would see that flow from this will be quite linear and quite specific in terms of content components and time tables.

G. Gilmore   Okay. The government agencies for example CDC, are those, as well as other agencies, able to reply to the RFI?

L. Evans   Yes, they are. We're looking forward to those responses.

Coordinator   Our next question from Dmitriy Kruglyak.

D. Kruglyak   As the name implies, National Health Information Network, it implies the network constant of its own connection, and there is another model with some of the health records, especially personal health records, being somewhere out there on a portable device. Do you see this as a potential? Do you see this out of scope? Would you like to hear more about the opportunities associated with this?

Dr. Brailer   Could you illuminate what the precedent was that you were stating? What was implied?

D. Kruglyak   The name National Health Information Network implies all this constant online network connection. The question is do you see, within the scope of this vision, also having data on portable devices that can be disconnected from time to time and used in offline mode. Do you want to see more about what the opportunities could be with those?

L. Jones   A couple things could be said. First, the word network is not meant to imply some specific implementation, other than the idea of connectivity. When I say connectivity I mean in a sense that in order for healthcare to transpire, there has to be communication between entities. In the background, as previously mentioned, are some things such as mobile authentication, etc. that might get to what you're talking about. We're not specifically including or excluding the idea of those kind of devices that you reference, but certainly would love to read about that perspective in the context of a response to this RFI.

D. Kruglyak   If we have a proposal of how this all should tie together, and this is not necessarily something that would fit exactly, would you encourage us to submit as an attachment?

L. Jones   We certainly prefer to have everything be bounded within the context of
                  the questions that were asked as opposed to dissertations on general topics
                  that you may want to communicate to us. However, if there are things
                  related and you absolutely do not think you can fit them in the context of a
                  question, you certainly can append them. However, our preference is that
                  you answer the questions as stated.

L. Evans   Thank you all very much for participating in the call. A couple of
                  reminders about the deadline, it is January 18th by 5:00 p.m. Eastern
                  Standard time. The best way to submit is electronically. However, you
                  can send it to the address as indicated in the RFI. If you have further
                  questions throughout the response period, don't hesitate to ask them. The
                  e-mail address is NHINRFI@hhs.gov. We will post those responses
                  promptly on the Frequently Asked Questions area of the Web site.

                  Thank you all very much. This concludes our call.